Domestic Students
2026- 2027
Student Health Insurance Plan
University of Missouri – St. Louis

Who can enroll?

- All enrolled in-person and online degree-seeking undergraduate students taking a minimum of six credit hours per semester are eligible to enroll in the plan.
- All online and in-person degree or certificate-seeking graduate students must be enrolled in at least one credit hour to be eligible. Students participating in internships or other practical training programs are also eligible to enroll in the plan.
- **Please note that enrollment in the student health insurance plan is not automatic. You will need to enroll in the plan each semester.**

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

Plan resources at your fingertips

Enroll coverage	uhcsr.com
View benefits, submit a claim and download your ID card via My Account	uhcsr.com/myaccount
Find an in-network provider	Choice Plus
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist[1], HealthiestYou[2], UHC Global[3])	uhcsr.com/myaccount
If you need language assistance:	Language Assistance
Student Health Center	https://www.umsl.edu/hcdas/health/index.html

Coverage periods, plan cost and deadline dates

	Fall	Domestic Returning Fall	Spring/Summer
Enrollment Deadlines	09/04/2026	09/04/2026	02/05/2027
Coverage dates	08/1/26 - 12/31/26	8/15/2026 – 12/31/2026	01/1/27 - 07/31/27
Student	$1,162.00	$1,056.00	$1,611.00
Student and Spouse	$2,325.00	$2,113.00	$3,221.00
Student and Children	$2,325.00	$2,113.00	$3,221.00
Student, Spouse and Children	$3,487.00	$3,169.00	$4,832.00

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Gold with actuarial value of 83.830%

Student Health Center Referral: Get treated at UMSL Health, Counseling & Disability Access Services first. While a referral is not required for services received outside the SHC, obtaining a referral from the SHC will result in the deductible being waived for those services. Applicable copayments and coinsurance will still be the member's responsibility.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	$400 Per Insured Person, per Policy Year	$800 Per Insured Person, per Policy Year
Out-of-Pocket Maximum After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.	$7,500 Per Insured Person, Per Policy Year $15,000 For all Insureds in a Family, Per Policy Year	There is no Out-of- Pocket Maximum for Out-of-Network benefits.
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.	$25 Copay for Tier 1 $50 Copay for Tier 2 $75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	$25 Copay for generic drugs $50 Copay for brand name drugs Up to a 31-day supply per prescription 50% of billed charge after Deductible
Preventive Care Services Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.	100% of Allowed Amount	70% of Allowed Amount after Deductible
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Physician's Visits: $20 after Deductible Consultant Visits: $40 after Deductible Medical Emergency: $200 after Deductible	Medical Emergency: $200 after Deductible

Questions about your plan?

Contact Customer Service at 1-833-789-8649 or at **customerservice@uhcsr.com**

[1]Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. [2]HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. © 2026 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2026-1313-1. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.

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